## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004  |  |                                 |                 |                                   |                     |   |       |                     | 10/595640  |      |                      |  |
|---|--|---------------------------------|-----------------|-----------------------------------|---------------------|---|-------|---------------------|--|------|----------------------|--|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |                                 |                 |                                   |                     |   |       | SMALL EN            | TITY   | OR   | OTHER<br>SMALL       |  |
| U.S   | S. NATIONAL                                    | STAGE FEES                      |                 |                                   |                     |   | 1     | RATE                | FEE  | 7    | RATE                 | FEE  |
| ВА  | SIC FEE  |                                 | SMALL ENT       | r. = \$ 150                       | LARGE ENT. = \$ 300 |   | 1     | BASIC FEE           | <del> </del>                                     | ۱ ۵۵ | BASIC FEE            | 800  |
| EXAMINATION FEE   |  |                                 | Satisfies PCT A |                                   |                     | other situations =  |       | EXAM. FEE           | ╁  | -    | <del> </del>         |  |
| SEARCH FEE  |  |                                 |                 | ions (ie. No<br>Rpt.)             | U.S. is<br>ALL      | \$ 100 / \$ 200<br>ISA = \$ 50 / \$ 100<br>other countries =<br>\$ 200 / \$ 400 |       | SEARCH FEE          | <u> </u>   | -    | EXAM. FEE SEARCH FEE | 200<br>400                                       |
| FEE FOR EXTRA SPEC. PGS.  |  |                                 |                 | us 100 =                          |                     | / 50 =  |       | X \$ 125 =          | <del>                                     </del> | ┨    |                      | <del>                                     </del> |
| TO:   | AL CHARGEA                                     | BLE CLAIMS                      | A mi            | nus 20 =                          | *                   |   |       | X \$ 25 =           | <del> </del>                                     | 1    | X \$ 250 =           | <del> </del>                                     |
| IND   | EPENDENT CL                                    | -AIMS                           | ) n             | ninus 3 =                         | *                   |   |       | X \$ 100 =          | <del> </del>                                     | OR   | X \$ 50 =            | <u> </u>   |
| MUI   | TIPLE DEPEN                                    | DENT CLAIM PR                   | <u></u>         |                                   |                     |   |       |                     | <b> </b>   | OR   | X \$ 200 =           | <u> </u>   |
| * If  | the difference                                 | e in column 1 is                | less than zero  | o, enter "C                       | )" in co            | olumn 2   | İ     | + \$ 180 =          |  | OR   | + \$ 360 =           | 0.3  |
|   |  | ·                               |                 | TOTAL                             | Ĺ <u></u>           | OR  | TOTAL | 900                 |  |      |                      |  |
|   | CLAIMS AS AMENDED - PART                       |                                 |                 |                                   |                     |   | ſ     | SMALL E             | NTITY  | OR   | OTHER<br>SMALL E     |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT |                 | : NUME<br>PREVIO<br>PAID I        | USLY                | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE                           |      | RATE                 | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | *                               | Minus           | **                                |                     | =   | ſ     | X \$ 25 =           |  | OR   | X \$ 50 =            |  |
|   | Independent                                    | <u> </u>                        | Minus           | ***                               |                     | =   |       | X \$ 100 =          |  | OR   | X \$ 200 =           | · ·  |
| -   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                 |                                   |                     |   |       | + \$ 180 =          |  | OR   | + \$ 360 =           | <del>-</del>                                     |
|   |  |                                 |                 |                                   |                     |   | _     | TOTAL ADDIT.<br>FFF |  | OR   | TOTAL ADDIT.         |  |
|   |  | (Column 1)                      |                 | (Colum                            |                     | (Column 3)  |       |                     |  |      | rrr                  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY          | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE                           |      | RATE                 | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | *                               | Minus           | **                                |                     | =   |       | X \$ 25 =           |  | OR   | X \$ 50 =            |  |
|   | Independent                                    | L                               | Minus           | ***                               |                     | =   |       | X \$ 100 =          |  | OR   | X \$ 200 =           |  |
|   | FIRST PRES                                     | ENTATION OF MI                  | JLTIPLE DEPE    | NDENT C                           | LAIM                |   | Ī     | + \$ 180 =          |  | OR   | + \$ 360 =           | ····   |
|   |  |                                 |                 |                                   |                     |   |       | OTAL ADDIT:         |  | OR L | TOTAL ADDIT.         |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                 |                 |                                   |                     |   |       |                     |  |      |                      |  |